W2 Trainee: Stage 1 of training (5 months)

The Royal Australian & New Zealand College of Psychiatrists

Case Based Discussion

Assessors are referred to the [name of Guidelines] for assistance in completing this form.

Trainee Name:	Program Name:

Rotation: *Hospital Based Psychiatry*

Assessor's position:

Please indicate information about the case:

Brief description of case: *Discussion of a patient with depression, alcohol excess and suicide attempt*

Learning Outcomes being assessed:

Please indicate the activity in which the assessment has taken place

Assessment of a psychiatric emergency (acute psychosis)	☐	Management of a psychiatric emergency (acute psychosis)	☐
Clinical review	☐	Management of a high prevalence psychiatric condition	☐
Assessment of a high prevalence psychiatric condition	☐	Management of a low prevalence psychiatric condition	☐
Assessment of a low prevalence psychiatric condition	☐	Management of a severe and enduring mental illness	☐
Assessment of response to treatment	☐	Management of a psychiatric emergency (suicidal feelings and acts)	☐
Assessment of a severe and enduring mental illness	☐	Obtaining informed consent	☐
Assessment of a psychiatric emergency (suicidal feelings and acts)	☐	Other (specify):	

*Please rate the following aspects of the case discussion on the scale below. (n/a = not applicable) *see Developmental Descriptors document as a guide to standards and to inform feedback.*

		Below standard* for Stage X			Meets standard* for Stage X			Above standard* for Stage X			
1.	Clinical record keeping	1	2	3	4	5	6	7	8	9	n/a
2.	Clinical assessment	1	2	3	4	5	6	7	8	9	n/a
3.	Risk assessment and management	1	2	3	4	5	6	7	8	9	n/a
4.	Medical treatment	1	2	3	4	5	6	7	8	9	n/a
5.	Investigation	1	2	3	4	5	6	7	8	9	n/a
6.	Referral	1	2	3	4	5	6	7	8	9	n/a
7.	Follow-up, care planning & transfer of care	1	2	3	4	5	6	7	8	9	n/a
8.	Professionalism	1	2	3	4	5	6	7	8	9	n/a
9.	Clinical reasoning	1	2	3	4	5	6	7	8	9	n/a

Anything especially good?	**Suggestions for improvement**

Agreed action/goals: